PART B - FEE(S) TRANSMITTAL

3 Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

instance Tions: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28075

7590

05/06/2005

CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800 MINNEAPOLIS, MN 55403-2420

07/01/2005 HDEMESS2 00000055 500413

01 FC:1501 02 FC:8001 1400.00 DA

3.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Foc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile manamitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name Bockley (Signature (Dute)

•	0002					
	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	09/487,359	01/19/2000	Dean A. Schaefer	1001.1387101	3074	

TITLE OF INVENTION: INTRAVASCULAR CATHETER WITH AXIAL MEMBER

APPLN. TYPE	SMALL ENTITY	ISSUE PEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	nonprovisional NO		1	\$0	\$1400	08/08/2005				
EXAMINER		ART UNIT		CLASS-SUBCLASS]					
MAIORINO, ROZ		3763		604-524000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. TUFTE, LLC (2) the name of a single firm (having as a member a regulatered attorneys or agents OR, alternatively, Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless un assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SciMed Life Systems, Inc. Maple Grove, Minnesota Please check the appropriate assignce category or categories (will not be printed on the patient): Individual Corporation or other private group entity Government										
4a. The following fee(s) are			Payment of							
Lissue Foc			*	in the amount of the fee(s) is en	riosed					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	Copies <u>one</u> (1)			ector is hereby authorized by chount Number 50-0413		credit any overpayment, to				
5. Change in Entity Status	from status indicated above)			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	AALL ENTITY status. See 3		🗖 b, Applic	ant is no longer claiming SMAI	L ENTITY status. Sec 37 C	FR 1.27(g)(2).				
The Director of the USPTO is equasted to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United Space Patent and Trademark Office.										
Authorized Signature	savall (Comp	4	Date	6/30/05					
Typed or printed name	David M. Crompf	on /	_	Registration 1	No. <u>36,772 </u>	-				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



1221 Nicollet Avenue, Suite 800 Minneapolis, Minnesota 55403-2420 Phone 612.677.9050 Fax 612.359.9349

FAX TRANSMISSION

DATE: June 30, 2005

Commissioner for Patents TO:

FROM: David M. Crompton

Attn: Mail Stop Issue Fee

P.O. Box 1450

Alexandria, VA 22313-1450

OUR REF: 1001.1387101 TELEPHONE: 612-677-9050

Total pages, including cover letter: 4

PTO FAX NUMBER: 703-746-4000

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: <u>ISSUE FEE TRANSMITTAL IN DUPLICATE</u>,

AND CHANGE IN FEE ADDRESS

Applicant: Dean A. Schaefer et al.

Serial No.: 09/487,359 Filed: January 19, 2000 Group Art Unit: 3763

Our Ref. No.: 1001.1387101. 7/1- 7

Confirmation No.: 3074 Customer No.: 28075

Please charge Deposit Account No. 50-0413 in the amount of

Fee Code <u>1501</u> \$1,400

Fee Code 8001

Please charge any additional fees or credit overpayment to Deposit Account

Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

June 30, 2005